Provider Insider

Alabama Medicaid Bulletin — **July 2004**

The checkwrite schedule is as follows:

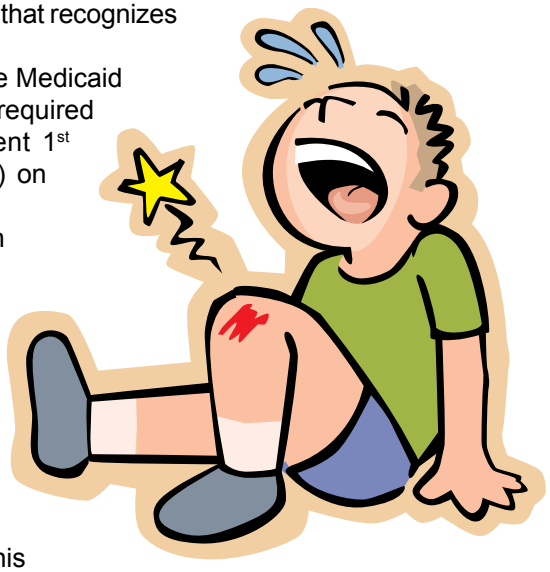
07/09/04 07/23/04 08/06/04 8/20/04 09/03/04 09/10/04

As always, the release of direct deposits and checks depends on the availability of funds.

Medicaid Hopeful For "New and Improved" Patient 1st Program

State Medicaid officials hope that a "new and improved" Patient 1st program will build on past successes while using state-of-the-art technology and past experience to create an updated program that recognizes and rewards physician efforts to provide quality care.

The original Patient 1st program ended on March 1, 2004, after state Medicaid officials determined that the Agency could not prove cost-effectiveness as required under the Balanced Budget Act. A waiver request for a revamped Patient 1st program was submitted to the Centers for Medicare and Medicaid (CMS) on April 29.



If approved by CMS, the new Patient 1st program will begin Oct. 1, 2004, for eligible recipients in 15 Alabama counties: Baldwin, Choctaw, Clarke, Conecuh, Dallas, Escambia, Greene, Hale, Marengo, Mobile, Monroe, Perry, Sumter, Washington and Wilcox counties. The remaining counties will be added over a three-month period with all counties operational by January 2005.

Contracts for providers in the first group of counties will be mailed approximately June 10 along with a new provider manual and program overview. Deadline for returning contracts to EDS will be July 9, 2004, in order to be included when patient assignment letters are mailed in early August. Providers may enroll for all counties they wish to include in their panels at this time as well.

From patients' viewpoint, the updated Patient 1st program, as proposed, will change very little. For providers there are a number of important changes, including performance-based payments, case management fee based on the program requirements that a primary medical provider is contractually willing to meet, and program enhancements such as the availability of in-home monitoring equipment for certain patients at no cost to the PMP or patient. The new contract document has been updated to meet specific CMS requirements. A consistent method of reporting provider arrangements for EPSDT and hospital admitting privileges has been added as well.

Providers with program questions should contact the Agency at (334) 242-5011. Information for providers is also available on the Agency's website at *www.medicaid.state.al.us.*

In This Issue…

Pass It On!

Everyone needs to know the latest about Medicaid.

Be sure to route this to:

- ❒ *Office Manager*
- ❒ *Billing Dept.*
- ❒ *Medical/Clinical Professionals*
- ❒ *Other _____*

Medicaid Covers MRA of the Pelvis

Effective July 1, 2004, Medicaid covers Magnetic Resonance Angiography (MRA) of the Pelvis. Please refer to Medicare's Part B LMRP Magnetic Resonance Angiography (MRA) of the Pelvis for procedure code and diagnosis restrictions. For questions, you may contact Alabama Medicaid at 334-353-5263.

Information for Response Files Using Provider Electronic Solutions

If you use Provider Electronic Solutions to submit your claims for processing, you may have noticed the response file does display your provider number, RID, date of service and total submitted charge. If you would like for the recipient name to be displayed, you may enter it in the Patient Account Field. If you use patient account numbers to post your payments, you may want to put both the patient account number and the recipient name in this field. If you have other questions about or software, please contact the ECS help desk at (800) 456-1242 or e-mail at emchelp@alxix.slg.eds.com.

Over the Counter Drugs Require No PA

Alabama Medicaid Agency would like to take this opportunity to remind providers that select over-the-counter (OTC) products are covered with no prior authorization (PA) required. Federally, OTC products are an optional coverage item for Medicaid Agencies; however, Alabama Medicaid covers certain products so that OTC products can be utilized in those instances where they are medically appropriate and could result in lower costs in comparison to legend prescription items. Although the Agency covers selected OTC products, the physician must still write or call in a prescription for claims purposes. A list of example covered OTC agents is as follows:

Advil Aspirin Claritin Prilosec OTC
Motrin IB Niacin Tylenol

Medicaid is in the process of updating its covered OTC list; please check our website at *www.medicaid.state.al.us* for updates on this list in its entirety as well as other issues.

Information for DME Providers

Procedure codes for the Augmentative Communication Devices E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512, and E2599 require prior authorization and will pay the amount on the approved prior authorization request. Providers are required to submit their invoice price with the prior authorization request.

Effective January 1, 2004 procedure code A4217(Sterile water Saline, 500 ML) replaced procedure code A4323 (Sterile Saline Irrigation Solution, 1000 ML).

Effective January 1, 2004, procedure code A7525 (Tracheostomy mask, each) and procedure code A7526 (Tracheostomy tube collar/holder, each) replaced procedure code A4621 (Tracheostomy mask or collar).

Effective January 1, 2004, procedure code A4365 (Adhesive remover wipes, any type, per 50) replaced procedure code A4455 (Adhesive remover or solvent (for tape, cement or other adhesive), per ounce.

Effective January 1, 2004, procedure code A4624 (Tracheal suction catheter, any type other than closed system, each) replaced procedure code A4628 (Oropharyngeal suction catheter, each)

Effective April 1, 2004, the Alabama Medicaid Agency updated the diaper coverage policy. The updates are as follows:

A4521	180 diapers per month
A4522	180 diapers per month
A4523	150 diapers per month
A4524	150 diapers per month
A4529	210 diapers per month
A4530	210 diapers per month

REMINDER

DENTAL PROVIDERS

Dental Providers must use the correct place of service when billing for reimbursement of services. It has come to our attention in researching dental claims that providers are not submitting with outpatient (22) and inpatient place of services (21) but keying them as office (11). These patients have hospital charges for the dates of service in question. If you have billed for claims and did not submit the correct place of service, you need to contact Cyndi Crockett at 334-215-4170. This billing practice will be considered fraudulent billing.

Download Explanation of Payment Via Medicaid's Claim Submission Website

Providers can now download their Explanation of Payment via the Alabama Medicaid Claims Submission Website. EDS is now retaining the EOP for 21 days. Downloading the EOP from the website in lieu of receiving a paper EOP is another way providers can assist the Agency in reducing costs. To access the website, go to *https://almedicalprogram.alabama-medicaid.com/secure.*

Providers will need a log-on id to access the information. Providers without a logon id, you may contact the EMC helpdesk at 1-800-456-1242 or by e-mail at: *emchelp@alxix.slg.eds.com*

Providers will also need to complete an Electronic EOP Agreement form. This form may be found on the Medicaid website at: *www.medicaid.state.al.us.* The form is located in the Provider Section, click on Forms, and under the Provider Enrollment Section is the Electronic EOP Agreement form.

Emergency Services for Non-Citizens

Effective for applications approved on or after July 1, 2004, Medicaid will automate Emergency Services for delivery of newborns to aliens (non-citizens). Pregnant non-citizen applicants may apply for Medicaid before their Estimated Date of Confinement (EDC / due date). If eligible, the recipient (the non-citizen mother) will receive a Medicaid card for delivery services only. If she has a social security number, she will receive a plastic card. If she does not have a social security number she will receive a verification letter with her assigned Medicaid number. Providers may use the Medicaid number on the card or letter at delivery and file claims with EDS as usual. Medicaid still does not pay for prenatal or postnatal care for ineligible non-citizens. Since children born in the USA are citizens they are awarded Medicaid per normal Medicaid processing. This new procedure will allow the non-citizen to obtain a pseudo Medicaid number for the unborn prior to birth. The delivery services billable through EDS include:

Vaginal Delivery – Up to 2 days inpatient care (CPT 59409)
- After previous c-section (CPT 59612)
- Anesthesia (CPT 01960)

C-Section Delivery – Up to 4 days inpatient care (CPT 59514)
- After attempted vaginal (CPT 59620)
- Anesthesia (CPT 01961)

Epidural (CPT 62319) Emergency D & C (CPT 58120)

For any other medical services related to the labor and delivery or other emergencies for aliens (non-citizens) such as automobile accidents, the non-citizen must apply for approval through the Medicaid eligibility worker. Medical bills must be provided as well as hospital records. These medical services must go through Medicaid's Prior Approval Unit to determine if the charges will be paid for by Medicaid. Payments for services other than the delivery services listed above will continue to be manually paid by Medicaid.

Medicaid Will Not Accept X Codes

Effective for dates of service July 1, 2004 and thereafter, Medicaid will no longer accept X codes. Please utilize the following crosswalk when billing for services for which an X code was previously used.

X Code Replacement HCPCS Code

Old	New	Old	New
X1015	S0016	X1550	J3415
X1090	S0077	X1573	J0696
X1365	J1700	X1574	J0696
X1415	J1980	X1655	J0595
X1460	J1055	X1705	J3411
X1525	J2680	X1717	J3301
X1545	J1980		

Catheter Procedure Code Has Changed

Effective July 1, 2004, procedure code K0135 (intermittent urinary catheter, reusable straight tip) will be replaced with procedure code A4351 intermittent urinary catheter, straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.) each.

This procedure code is limited to thirty catheters per month. All Medicaid recipients may receive 30 catheters per month; however children up to age 21 with an EPSDT screening can receive an additional 120 catheters. An EPSDT screening and referral is required for additional catheters with a limit of 120 per month per individual. Requests for additional catheters will not require prior authorization. Initially providers should bill for 30 catheters and bill for additional catheters as needed up to 120 with the required EPSDT screening and referral information on the claim form.

Claims submitted for payment on the HCFA 1500 must have these required fields completed: #17-EPSDT Provider Name, #17a-EPSDT Provider Number and #24 should contain the number one (1). If the HCFA 1500 Claim Form is not completed correctly the claim will deny.

Clarification of Referral

If an EPSDT screening provider refers a recipient as a result of an EPSDT screening, then the referral must be in writing on form 362. The EPSDT screening provider must sign the referral form and designate the length of time a referral is valid.

Submitting Wheelchair Request for Prior Authorization

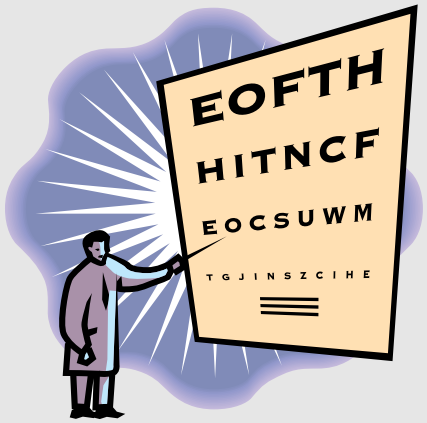
All prior authorization requests submitted for wheelchairs and wheelchair accessories must contain the appropriate procedure codes as indicated in Chapter 14 of the Alabama Medicaid Provider Manual, April 2004 edition. Any request that is submitted not detailing each procedure code for each accessory item will be denied.

Attention Provider Specialties

In order to ensure the proper billing of an EPSDT Referral, please refer to Chapter 5, Filing Claims, which outlines the appropriate values to place on the claim form. It is very important to complete the claim form with all the applicable fields in order to capture that the service is a result of an EPSDT Screening or Referral. The EPSDT Referral requires the referral to be written on Form 362 which can be found on the Website. If you have any questions about filing EPSDT Referred claims, please contact your Provider Representative at EDS at 1-800-688-7989.

New Codes for Eyeglasses

Procedure code V2743 (tinted lenses) changed to V2745, effective January 1, 2004. Procedure code V2799 (polycarbonate lenses) changed to V2784, effective January 1, 2004. These code changes are consistent with HCPCs changes.



Pharmacy Audit Reminder

The Alabama Medicaid Administrative Code Section 560-X-16-.01 (8) states that pharmacies shall use the correct physician license number when submitting a pharmacy claim to Medicaid. The "correct" physician license number is the prescribing physician license number.

Medicaid considers billing with a license number different from the prescribing physician to be fraud. It is a felony to falsify a claim for payment of Medicaid benefits. Convictions for any of these felonious actions could result in a fine of $10,000 or imprisonment for one to five years for each violation.

EDS sends physician license updates two times a year. Additional copies may be requested by calling your EDS provider representative at 1-800-688-7989.

The Medicaid Pharmacy Audit Unit will be conducting reviews. If it is determined that the incorrect license number has been entered on a pharmacy claim paid by Medicaid, recoupments will be initiated.

Information for Requesting Additional Ultrasounds

In order for additional OB ultrasounds to be requested, the following information must be included on the PA request. Without this information, your request may be delayed or even denied.

When requesting an ultrasound prior authorization request, the form should contain all required information and the following:

- Date of the ultrasound(s) requested
- DOB
- Date of last ultrasound
- Number of previous ultrasounds
- Anticipated number of ultrasounds
- EDC
- Gestational Age
- Diagnosis
- Benefit of ultrasound(s)

PA requests should still be submitted to EDS following normal PA procedures.

Important Mailing Addresses	
All Claim forms, Consent forms, and other mail	EDS Post Office Box 244032 Montgomery, AL 36124-4032
Inquiries, Provider Enrollment Information, and Provider Relations	EDS Post Office Box 241685 Montgomery, AL 36124-1685
Adjustments	EDS Post Office Box 241684 Montgomery, AL 36124-1684

EDS Provider Representatives

G R O U P 1

North: Jenny Homler, Karen Hutto, and Marilyn Ellis

Bibb, Blount, Calhoun, Cherokee, Chilton, Clay, Cleburne, Colbert, Coosa, Cullman, DeKalb, Etowah, Fayette, Franklin, Greene, Hale, Jackson, Jefferson, Lamar, Lawrence, Lauderdale, Limestone, Madison, Marion, Marshall, Morgan, Pickens, Randolph, Shelby, St. Clair, Talladega, Tuscaloosa, Walker, Winston

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Chiropractors
Independent Labs
Free Standing Radiology

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334-215-4132

CRNA
EPSDT (Physicians)
Dental
Physicians
Optometric
(Optometrists and Opticians)

G R O U P 2

Rehabilitation Services
Home Bound Waiver
Therapy Services
(OT, PT, ST)
Children's Specialty Clinics
Prenatal Clinics
Maternity Care
Hearing Services
Mental Health/Mental Retardation
MR/DD Waiver
Ambulance
FQHC

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Public Health
Elderly and Disabled Waiver
Home and Community
Based Services
EPSDT
Family Planning
Prenatal
Preventive Education
Rural Health Clinic
Commission on Aging
DME
Nurse Midwives

G R O U P 3

Ambulatory Surgical Centers
ESWL
Home Health
Hospice
Hospital
Nursing Home

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linda.hanks
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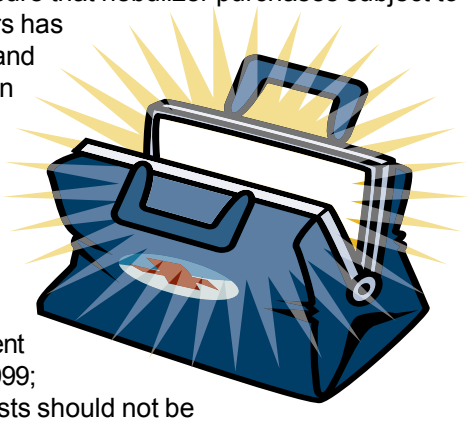
334-215-4130

Personal Care Services
PEC
Private Duty Nursing
Renal Dialysis Facilities
Swing Bed

Nebulizers Do Not Require Prior Authorization

Effective January 1, 2003, the policy limiting purchase of a nebulizer (E0570) to one every two years was revised. One nebulizer may be purchased every four years for recipients if medically necessary. Medicaid system changes were made to ensure that nebulizer purchases subject to the limitation of one every two years has an end date of December 31, 2002 and purchases subject to the limitation of one every four years has a begin date of January 1, 2003. The system looks at claims from previous years as well as current history to ensure that claims paid in 2002 will not be paid again until the four years are up.



The prior authorization requirement for nebulizers was dropped in June 1999; therefore prior authorization requests should not be submitted to EDS.

Please refer to the Alabama Medicaid Provider Manual, Chapter 14 DME, Section 14.2.2 regarding warranty, maintenance, replacement, and delivery of durable medical equipment. Medicaid covers replacement equipment as needed due to wear, theft, irreparable damage, or loss due to disasters.

Requests for consideration of payment for replacement of nebulizers due to theft or loss by disasters must be submitted with a police or fire report and a clean claim to: Alabama Medicaid Agency Long Term Care Division, Provider / Recipient Services Unit, 501 Dexter Avenue, Montgomery, AL 36103.

If you have additional questions or need further clarification, please contact LTC Provider/Recipient Services at 1-800-362-1504.

Modifier 91- Repeat Clinical Diagnostic Laboratory Test

Modifier 91 may be utilized to denote a repeat clinical laboratory test performed on the same date of service for the same recipient. Providers are to use -91 instead of modifier 76 for repeat lab procedures. An example is:

Date of Service	Procedure	Place of Service	Units of Service
5/1/04	82805	22	1
5/1/04	82805 – 91	22	1.

REMINDER

Effective for dates of service on and after October 1, 2004, Medicaid will no longer apply the 90-day grace period (October1 through December 31) for billing discontinued ICD-9 Diagnosis codes. Also, effective for dates of service on and after January 1, 2005, Medicaid will no longer apply the 90-day grace period (January through March 31) for billing discontinued HCPCS codes.

Policy Clarification for Surgeons

This article is an effort to clarify existing policy. Assistant surgeons should bill using modifiers 80, 81, or 82. Several requests have been received months after the services were provided asking for approval for assistant surgeons. The initial prior authorization (PA) request should be submitted by the primary surgeon and should clearly state that an assistant surgeon is required. This information must be indicated in the Clinical Statement section with additional information attached as indicated. Retro approvals will not be considered unless there are extenuating circumstances such as emergency assistance. The surgeon and assistant surgeon should bill using the same prior authorization number when the approval is granted for both. Please refer to Chapter 4, Prior Authorization, in the Provider Billing Manual for guidelines on submitting requests for prior authorization.

Visit Alabama Medicaid ONLINE

www.medicaid.state.al.us

Providers can :

- **Print Forms and Enrollment Applications**
- **Obtain Current Medicaid Press Releases and Bulletins**
- **Obtain Billing and Provider Manuals and Other General Information about Medicaid**

Alabama Medicaid

In The Know

General Information Providers Need to Know When Billing to the Alabama Medicaid Agency

Anesthesia Providers Must Include UPIN Number on Claim

Effective for claims processed July 1, 2004 and after, anesthesia providers must submit the UPIN number of the referring or attending physician on the claim. If providers file on paper, the UPIN number should be populated in block 17a of the HCFA 1500 form. For those who file electronically, you should submit the referring or attending physician's UPIN number in REF02 and the ID qualifier 1G in REF01 of the 837P. Claims for anesthesia providers not containing this information will deny. For anesthesia providers who file electronically using Provider Electronic Solutions software, version 2.03 must be downloaded to accommodate this change. Vendors have been advised of this change via an alert. If you are using a software vendor to submit your claims, please check with your vendor to make sure they can begin accepting this information from you for claims submitted on or after July 1, 2004.

If you have further questions, you may contact the EDS Provider Assistance Center at 1-800-688-7989 or e-mail at *provreps@alxix.slg.eds.com.*

State Fiscal Year 2004-2005 Checkwrite Schedule

10/01/04	01/07/05	04/01/05	07/08/05
10/15/04	01/21/05	04/15/05	07/22/05
11/05/04	02/04/05	05/06/05	08/05/05
11/19/04	02/18/05	05/20/05	08/19/05
12/03/04	03/04/05	06/03/05	09/09/05
12/17/04	03/18/05	06/17/05	09/16/05

The release of direct deposits and checks, depends on the availability of funds.

EDS

Alabama Medicaid Bulletin

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